LARA/LNR-840 (04/12)

Michigan Department of Licensing and Regulatory Affairs **Board of Nursing**P.O. Box 30670

Lansing, MI 48909 (517) 335-0918

www.michigan.gov/healthlicense

MICHIGAN NURSING SCHOOL CERTIFICATION

Authority, Public Act 368 of 1978, as amended If this form is not completed, a license will not be issued.

INSTRUCTIONS FOR COMPLETION:

The Dean, Director, or Registrar of the nursing program completes the information below. Return this completed certification directly to the Michigan Board of Nursing at the address shown above.

I certify that	
I certify that(Ap	olicant's Full Name)
	Date of Birth(Month/Day/Year)
	(Month/Day/Year)
matriculated in the	
(Na	me of Nursing School)
(City)	(State)
	and completed the program on
(Month/Day/Year)	(Month/Day/Year)
L.P.N.	R.N
L.P.N.	R.N
a Certificate	a Diploma an Associate Degree a Bachelor Degree
	a Bachelor Degree
which will be conferred	
	(Month/Day/Year)
Signature of Dean or Registrar	Date of Signature
Type or Print Name of Dean or Registra	
	(SEAL)

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